

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMAULTY REVIEW	KG	JCS/705	03-28-01
RESPONSE FORMAULTY REVIEW	A.M	TC 522	05-02-01

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✓	Allowed	I	Interference
-	(Through number) Canceled	A	Appeal
+	Restricted	O	Obtained

Claim	Original		Date
	Final	Original	
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**BEST AVAILABLE COPY** If more than 150 claims or 10 actions staple additional sheet here.

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